

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

5699 - 60-042291
5699

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
4 1/2 YEARSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
5331 NICHLAND
LITTLE SISTERS HOMEInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY
OR TOWN KANSAS CITYInside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
3734 WYOMINGReside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First DAVID

Middle H.

Last STAIR

5. SEX

MALE

6. COLOR OR RACE

CAUCASIAN

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

MAR 23 1874

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LIVESTOCK OWNER

10b. KIND OF BUSINESS OR INDUSTRY

AGRICULTURE

11. BIRTHPLACE (City and state or country)

EAST LYNNE, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jacob Stair

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

CHLOE STAIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

NED J. STAIR, 539 OLIVER, K.C.K.S.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic atherosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

acute myocardial infarction

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Old CVA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 23, 1960 to Nov 19, 1960 and last saw him alive on Nov 1, 1960
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

G. Ketter

(Degree or title)

M.D.

22b. ADDRESS

Kansas City, Mo

22c. DATE SIGNED

11/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 12, 1960

23c. NAME OF CEMETERY OR CREMATORY

Orient

23d. LOCATION (City, town, or county)

Harrisonville Missouri

24. FUNERAL DIRECTOR

MUEHLBACH

ADDRESS

6800 TROOST

25. DATE RECD. BY LOCAL REG.

11-11-60

26. REGISTRAR'S SIGNATURE

H. L. Sawyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF G. Ketter

Dr. ~~Kent~~ ~~300g~~
Prof. 300g
Jul - 28 92

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clare W. Can Jr.

Licensed Embalmer No. 4934

P. O. Address KC 14, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.